

VA striving to serve new vets of Iraq and Afghanistan

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## VA striving to serve new vets of Iraq, Afghanistan

*This is the second in a two-part look at what the Veterans Health System has to offer those who have served in Iraq and Afghanistan as part of Operation Iraqi Freedom and Operation Enduring Freedom. The goal of the VA is to make their transition back to civilian life as seamless as possible. The challenge lies in getting the word out to a new generation of war veterans.*

Like Uncle Sam on the recruiting poster, if you are a veteran of the war in Iraq and Afghanistan, Karen Hughes wants you.

Hughes coordinates the "Seamless Transition" program for the North Florida/South Georgia Veterans Health System. She knows that some 8,600 men and women have returned to the area after taking part in Operation Iraqi Freedom and Operation Enduring Freedom.

She also knows that only one in eight of those veterans have enrolled for what is basically a lifetime of free health care through the Veterans Affairs system.

The former first sergeant with 21 years of Army experience would make it a requirement to sign up, if she could. Everyone should sign up, she said, whether they have a problem or not.

Yes, the VA health care system is crowded. Hughes knows that.

She also knows that the Department of Veterans Affairs has issued a directive to get these latest young veterans into the pipeline for care as quickly as possible.

"The VA gave them a two-year window from their date of discharge to sign up for what is basically free health care," Hughes said. "Anything that can possibly be related back to their combat time, whether it is respiratory disease because of the sand, or something else, will certainly be taken care of."

Paul Crouch, a social worker with the Malcom Randall VA Medical Center, says some 150 returning vets have been seen in Gainesville in the past year. Their most common physical complaint is joint injuries.

"They carry almost 100 pounds of gear, walking on uneven terrain, jumping off high vehicles or into foxholes," he said.

Hearing problems are also turning up frequently.

All the wounds these vets bring home are not physical.

An Army study reported last year in the New England Journal of Medicine found that 16 percent of all troops who served in Iraq and Afghanistan experience post-traumatic stress disorder, severe depression or anxiety. Most soldiers did not seek medical care for fear of being stigmatized, researchers said.

Crouch said slightly over 18 percent of the 150 Gainesville vets have had some mental health problems, the most common being acute stress disorder.

The Department of Veterans Affairs reports that of the 360,000 soldiers who have been discharged after serving in Iraq and Afghanistan, more than 9,600 have received a provisional diagnosis of post-traumatic stress disorder. Recent surveys have shown that troops in the National Guard and reserves, who made an abrupt leap from civilian life to combat in Iraq, may be at particular risk for the disorder.

Although most returning vets don't have significant mental health problems, Crouch said they may still find themselves a little jumpy and uncomfortable in crowds.

"Crowds, traffic and broken-down vehicles in Iraq represent tremendous danger or death," he said.

Sixty percent of the men and women now serving in Iraq or Afghanistan are in the National Guard or the reserves.

Hughes says that makes a difference when they come home, and she's often right there when reserve units are demobilized, standing by with information on their benefits.

"The VA is in the civilian community to help these soldiers," she said. "I just want to get that word out: We are here to catch them."

Hughes says she just wants to make sure that anyone who served "boots on the ground" in Iraq, Afghanistan, Kuwait or Saudi Arabia understands that they are entitled to VA benefits, but they have to take the time to enroll.

"Once that two-year window closes, you may not qualify," she warns.

Help is available here

As a psychologist at the Gainesville VA hospital, Tom Hundersmarck is standing by to help newly returned veterans make the adjustment to life at home.

"We've found that many people begin having problems within a month or two after discharge," he said. "There's a natural need to readjust to civilian life, but if they are having nightmares or flashbacks, it really is better to seek help early instead of later."

Those suffering from post-traumatic stress disorder may find themselves getting angry, anxious or depressed very quickly. They are also likely to shut themselves off from people.

"They want to be numb," Hundersmarck said. "That can lead to alcohol abuse. And it is very hard on marriages."

The VA offers a support group, a safe place for veterans to share common experiences and feel less alone. Individual, marital or substance abuse therapy is available. Between 20 and 25 men and women are now taking part, and some 150 have been through the program, Hundersmarck said.

When these veterans were in the service, it probably wasn't so easy to ask for help, he said.

"Now that they are home, they need to know that it is OK and there is not going to be any repercussions if they ask for help."

### Steps to rehabilitation

Leslie Gonzalez-Rothi is program director for the Brain Rehabilitation Research Center at Gainesville's VA Medical Center. She offers a different view of how several generations of veterans' needs must be met.

"We have a rapidly aging veteran population, so a significant focus (of the center) is on age-related disorders," Gonzalez-Rothi said. "We also have a newly expanding population with war-related injuries, because by virtue of better-designed protective gear, we are saving lives on the battlefield."

The VA has historically been the largest promoter of rehabilitation research, with a focus on prosthetic devices to replace an amputated foot or limb, she said.

Now, specialized centers are being created "to correct the perception that the VA clinically is 'an old man's home.' "

Gonzalez-Rothi said that to date, the Gainesville VA has seen only a scattering of vets from Iraq, but added, "We want to let these young men and women know they aren't returning to a clinical system that's ill-equipped to deal with their problems."

The whole focus of rehabilitation has changed in the past 15 years, Gonzalez-Rothi said.

"For 100 years, we believed that once you break the nervous system, it can't be fixed. So medicine looked at rehabilitation as a joke, and doctors asked what you could accomplish by immersing someone who had a stroke in walking," she said. "If the cells were gone, they were gone."

Research has proven that is not the case. Gonzalez-Rothi said doctors now know that a person learns because the body's neurons connect and hold information, and continue to do so throughout his or her lifetime. They will even make new connections that weren't there before.

Investigators at the McKnight Brain Institute on the University of Florida campus are looking at the potential of chemical substances, called growth factors, to make the nervous system more willing to learn. Stem cell research is a second promising front.

"Suddenly rehabilitation has gone from being everybody's second cousin to the forefront

of research and discovery," Gonzalez-Rothi said.

#### Moving forward

Gonzalez-Rothi promises that moving research in brain and spinal cord injury forward will take a village.

Fred Heald, who is taking part in one research project, would undoubtedly agree.

Heald, a 39-year-old former Ocala resident, was referred to the researchers in the Gainesville VA's Human Motor Performance Laboratory after a spinal cord injury.

Heald is a veteran who spent eight years in the Army, but his injury is not related to his service career. Instead, he suffered an incomplete spinal cord injury while jumping on a backyard trampoline with his nephews.

As he strides along in the robotic apparatus, arms swinging, Heald looks fit and healthy. In fact, he has been strapped into place and the machine itself is retraining his circuits in the art of walking. Over and over, it moves his legs in a repetitive pattern. Separated from his robotic partner, he is a man in a motorized wheelchair who aims to walk again.

Andrea Behrman is a research investigator who is trying to provide physical therapists with the best possible tool box to help people recover their ability to walk after a stroke or incomplete spinal cord injury, where there is still some motor or sensory function. It is not a quick or simple process.

The research study is open to any veteran who fits the criteria, anywhere in the nation, Behrman said. It is also available to nonveterans.

Study participants like Heald are using the first generation of a robotic device that tries to mirror what physical therapists do in manual rehabilitation training.

Heald spends five days a week using the Swiss-made equipment, 30 minutes at a time, for a total of 45 sessions. After nine days, he says he has seen an improvement in his movement.

"If I could talk them into it, I'd do 30 minutes in the morning and 30 in the afternoon," he said.

#### Speaking up

John Rosenbek is a speech pathologist who spent 25 years with the VA before going to the academic world. Now he heads a research team whose aim is to help those who have problems with speech, swallowing or problem-solving.

"Whether a man was shot in World War II or in Afghanistan, the problem he brings to us will be similar. We want to maximize the performance, function and quality of life of those men and women, regardless of age or where they served," Rosenbek said.

"Coping with these problems without rehabilitation is damnably hard."

Rosenbek said one of the cognitive areas he is looking into is how humans express

emotion and understand emotion in others.

Part of the human brain is responsible for processing that information, and if a person has been injured in a blast, it's possible that he or she will just quit expressing emotion at all. It's a problem Rosenbek expects to see in returning veterans.

"If I were happy, you'd know it," he said. "But imagine that you've just come home from Iraq and are reunited with your wife. Inside, you may be as excited as can be, but you can't express that feeling. It can be extremely debilitating."

Rosenbek states his group's purpose simply: "We aim to provide the very best rehabilitation for veterans that we possibly can, regardless of where and when they served."

Karen Hughes tells of a recent visit to a unit being demobilized after serving in Iraq.

One of the young men confessed to Hughes that he felt as though he was coming home as "damaged goods."

"The whole point is that the VA is here to make sure you don't feel like damaged goods," Hughes said. "We can get you the vocational rehabilitation and training for a new job if you can't do your current job. If you came back and your old job was no longer there, we will help you find another."

Contacting a VA center or clinic and applying for benefits can be a positive first step on the long road home, the "Seamless Transition" team insists.